

Michigan Department of Education
Office of School Support Services
Summer Camp Special Milk Program
MEIS Security Access Form

This form is required for each person requesting Level 3 "Enter/Certify" security access rights to the following Michigan Education Information System (MEIS) applications:

- **CNAP** - Child Nutrition Application Program - Summer Camp Special Milk Application 2004
- **Claim for Reimbursement** - SM-4012-SC - Summer Camp Special Milk Claim Forms 2004

Each different or additional designee must complete and submit a separate copy of this form. A new form must be submitted for a replacement designee whenever the individual below is no longer authorized. Each designated individual with Level 3 "Enter/Certify" security access rights has the authority to grant Level 1 "Read Only" or Level 2 "Enter/Edit" rights to other individuals within their organization.

School District/Organization Name

Agreement Number

1. Designated Individual (Cannot be an employee of a Food Service Management Company)

I agree to protect my user identification and password from unauthorized use and understand that all activity under my user ID is my responsibility. I further understand that by reporting Summer Camp Special Milk Program data on MEIS I am certifying that the data is true and correct, that records are available to support it and that it is in accordance with the terms of the existing Agreement.

Signature

Date

* **A** _____
MEIS Account Number

Print Name

Telephone Number

* If you HAVE already established an MEIS account, enter the existing account number above. DO NOT CREATE ANOTHER ONE.
- If you do NOT have an MEIS account number, go to: <http://michigan.gov/meis> and click on the User Management System link (Key) on the top of the screen. Click on "Create an MEIS Account" and follow instructions.

Check if you are a:

_____ **Replacement Designee:** _____
Name of replaced designee to be removed from security access

2. Level 3 "Enter/Certify" Security Access Rights

Check the MEIS Application(s) and corresponding authority for the above named Designated Individual:

MEIS Application:

Authority:

_____ **CNAP** Bind the Summer Camp Sponsor to the laws, regulations, policies and rules of the Special Milk Program

_____ **Claim Form** Enter/Certify Special Milk Program claim data

3. Authorization by Administrator

I attest that the above named individual has the authority indicated in Part 2.

Signature of Administrator

Title

Print Name

Date

4. Mail or fax form to: Ruby Dixon, MDE, Office of School Support Services, P.O. Box 30008, Lansing, MI 48909
Fax: (517) 373-4022